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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/699,679			ing Date 30/2000	To be Mailed	
	Al	PPLICATION	AS FILE		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
Т	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (f), r	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	er, the applica for small entit sheets or fract	rings exceed 100 tion size fee due y) for each ion thereof. See 87 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	12/27/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 72	Minus	·· 48	= 24	1	X \$25 =	600	OR	x s =		
	Independent (37 CFR 1,16(h))	· 4	Minus	3	= 1	1	X \$105 =	105	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))											
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	705	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1 16(1))	*	Minus	**	=	1	x s =		OR	x s =		
M	Independent (37 CFR 1.16(h))	•	Minus	***	=]	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
# If the early is solven 1 is less than the eater is solven 2 units 1000 - 11 - 2							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examinier: "If the "Highest Mumber Perviously Paid For" NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Perviously Paid For" NT HIS SPACE is less than 3, enter "3". "The "Highest Mumber Perviously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

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